Commonwealth of Virginia

Department of Professional and Occupational Regulation

## Prov Inc.

150 W Civic Center Blvd, Suite 601

Sandy, UT 84070

Telephone: (877) 228-3926
Email: <a href="mailto:support@provexam.com">support@provexam.com</a>
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## Virginia Board for Barbers and Cosmetology WAX TECHNICIAN – WAX TECHNICIAN INSTRUCTOR EXAMINATION & LICENSE APPLICATION

Instructions: Applicants are encouraged to apply online at <a href="https://provexam.com/">https://provexam.com/</a>

- ▶ If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to Prov Inc and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

## Select one examination type you are requesting:

×	Examination Type	Fee
	1214 - Practical & Theory Exam	\$194.00
	1214 - Practical Exam	\$95.00
	1214 - Theory Exam	\$99.00
	1215 - Instructor Exam	\$99.00

		[ <u> </u>	15 - Instructo	or Exam	\$9	9.00		
1.	Full Legal Name	(As it appears on your g	jovernment i	ssued ID or	other legal d	ocumentation.)		
	Last (required)	Fir	rst (required)			Middle		Suffix
2.	Provide at least on	e of the following ider	ntification n	umbers*:				
	Social Securi	ity Number and/or			-	-		
	<u>Virginia</u> DMV	Control Number						
	* State law requires	entification number as used or every applicant for a license, ealth to provide a social securi	certificate, regi	stration or othe	r authorization to	o engage in a busi	ness, trade, profession	or occupation issued
3.	Date of Birth	MM/DD/YYYY						
4.	Maiden or Former	Name(s)						
5.	Mailing Address (P The mailing ad printed on the	dress will be	City					Zip Code
6.	•	D Box <u>not</u> accepted) DRESS REQUIRED		neck here if Stre	et Address is th	e <u>same</u> as the Mai	iling Address listed abov	•
			City				State	Zip Code
7.	Contact Numbers						<u>_</u>	
0	Consil Adduses	Primary Tele	phone		Alternate Te	ephone	F	ax
8.	Email Address	Email addre	ss is conside	red a public re	ecord and will l	pe disclosed upo	on request from a thir	d party.
OFFICE	DATE	FEE TRANS CODE	EN	ITITY#		FILE #/LICENSE	#	ISSUE DATE
USE ONLY		1020			12			

9.	Have you ever taken the Wax Technician or Wax	<b>Cechnician Instructor</b> examination in Virginia?
	No 🗌	
	Yes  If yes, provide the following examination	ion information
	Wax Technician Exam Prac	tical Exam Theory Exam
	Way Tackgrisian Instructor For	(Month/Year taken) (Month/Year taken)
	Wax Technician Instructor Exa	m Month/Year taken:
10.	Have you been <i>previously</i> licensed in Virginia as <b>Cosmetology, Nail Technician,</b> or <b>Wax Technician</b> No	a practitioner or instructor in the fields of Barber, Master Barber in?
	Yes   If yes, provide your license number a	nd expiration date below
	VA License Number	Expiration Date
11.	Which method are you using to qualify for the exam	ination? Select only <b>ONE</b> .
	Completion of an approved wax technician public school wax technician program app substantially equivalent to the Virginia Program	training program in a Virginia licensed waxing school or a Virginia roved by the Virginia Department of Education or training that is am
	Required Documentation: Attach a completed <u>Transaction</u>	-
	Virginia's required hours) that is obtained ou its territories	th is substantially equivalent to the Virginia program (at least 80% of the Commonwealth of Virginia, but within the United States and of transcript indicating successful completion of a substantially equivalent training heard in the state where the training was received.
Completion of a wax technician course (consisting of <u>less than</u> 80% of training five years of wax technician work experience.  Required Documentation: Attach a certificate, an official school transcript, or other documents of the wax technician course and a completed <u>Barber &amp; Cosmetology - Experience Veryears of wax technician work experience.</u>		e. an official school transcript, or other documentation verifying successful completion <u>Barber &amp; Cosmetology - Experience Verification Form</u> documenting at least five
	☐ Virginia licensed cosmetologist, provide lice	se number and expiration date
	VA License Number	Expiration Date
	Wax Technician training obtained in any Virg Required Documentation: Attach a completed <u>Training</u>	
	Two years of waxing experience in the Unite Required Documentation: Contact the Board in	
	Applying to take the Wax Technician <u>Instruction</u>	<i>tor</i> examination
	VA License Number	Expiration Date
	☐ Previously licensed in Virginia by examination	n and past the reinstatement period.
	Required Documentation: Verification from the Vi	·
	Previously licensed in Virginia under grar provide work experience and have complete	dfathering exemption and past the reinstatement period. Must
	<ul> <li>Endorsement applicant required to complete</li> </ul>	
	Paguired Documentation: Varification from the Vi	•

12.	Do you hold a current or have you ever held a <b>Barber</b> , <b>Master Barber</b> , <b>Cosmetology</b> , <b>Nail Technician</b> , <b>or Wax Technician</b> license, certification or registration issued by any state or territory of the United States (excluding Virginia)?  No  Yes  If yes, complete the following questions.			
	A. List the following state/jurisdiction where a license, certification or registration has been issued:			
	State/Jurisdiction License, Certification or Registration Number Expiration Date			
	B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?			
	Yes No If <u>no</u> , provide an original Certification of Licensure (dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> in good standing.			
•	• Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.			
	Certification can be <b>emailed</b> from the regulatory body to the Board section at <a href="mailed">bchoplicensing@dpor.virginia.gov</a> or <a href="mailed">mailed</a> from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.			
13.	3. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.  No			
	Yes  If yes, complete the <u>Disciplinary Action Reporting Form.</u>			
14.	barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing <u>denied</u> by any (including Virginia local, state or national regulatory body?			
	No  Yes If yes, complete the Denial of Licensure Reporting Form.			
15.	United States of any felony? Any plea of nolo contendere shall be considered a conviction.			
	No			
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?  No			
	Yes If yes, complete the Criminal Conviction Reporting Form.			

16.	Are you app	olying for a temporary permit?				
	No					
	Yes	If yes, your sponsor must complete and sign the follow	ving sponsorship statement:			
		I, the undersigned, agree to supervise all activinamed applicant, and shall be responsible for temporary permit is in force.				
		Printed Name of Sponsor	Signature of Sponsor			
		Sponsor's VA Wax Technician or Cosmetology Lice	nse No.			
17.	By signing	this application, I certify the following statements:				
		<ul> <li>I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.</li> </ul>				
	<ul> <li>I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).</li> </ul>					
	<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.</li> </ul>					
	<ul> <li>I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.</li> </ul>					
	<ul> <li>I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations.</li> </ul>					
	Signature		Date			
18.	•	rofessional passport compliant 2" x 2" color photo take e. It must meet the following requirements:	n within the last 6 months to reflect your current			
	sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head					
	□   tal	ken in front of a plain white background				
	be a full-face view, directly facing the camera with a neutral facial expression					